Filing at a Glance

Company: National Casualty Company

Product Name: Personal Umbrella/Excess SERFF Tr Num: SCTT-125254118 State: Arkansas

Program

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: AR-PC-07-025729

Made/Occurrence

Sub-TOI: 17.0021 Personal Umbrella and Co Tr Num: PU AR03813NCF01 State Status:

Excess

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith

Roberts, Brittany Yielding

Author: Kristin Abbott Disposition Date: 08-13-2007

Date Submitted: 08-06-2007 Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): Effective Date (Renewal):

General Information

Project Name: 3813 Personal Umbrella/Excess Program Status of Filing in Domicile: Pending

Project Number: PU AR03813NCF01 Domicile Status Comments: Reference Organization: n/a Reference Title: n/a Advisory Org. Circular: n/a

Filing Status Changed: 08-13-2007

State Status Changed: 08-07-2007 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

National Casualty Company is submitting one revised form for use with our Personal Umbrella/Excess Liability Program.

We request an effective date concurrent with your Departments approval.

Please find enclosed revised Personal Excess Liability Policy DEC 007 (4-01). The policy has been revised to add the General Agents number to the form.

Company and Contact

Filing Contact Information

Kristin Abbott, Filings Analyst I abbottk@scottsdaleins.com PO Box 4110 (800) 423-7675 [Phone]

Scottsdale, AZ 85261 () -[FAX]

Filing Company Information

National Casualty Company CoCode: 11991 State of Domicile: Wisconsin

PO Box 4110 Scottsdale, AZ 85261 (800) 423-7675 ext. [Phone] Group Code: 140 Group Name: Company Type: State ID Number:

FEIN Number: 38-0865250

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: Form Filing - \$50.00

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

National Casualty Company \$50.00 08-06-2007 14971525

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08-13-2007	08-13-2007

Disposition

Disposition Date: 08-13-2007

Effective Date (New): Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property	&Approved	Yes
	Casualty		
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Arkansas Certificate of Compliance	Approved	Yes
Form	Personal Excess Liability Policy	Approved	Yes

Form Schedule

Review	Form Name	Form #	Edition	Form Type Action	Action Specific	Readability	Attachment
Status			Date		Data		
Approved	Personal Excess	DEC 007	4-01	Policy/CoveReplaced	12-00	0.00	DEC 007 N
	Liability Policy			rage Form			(04-01).pdf

National Casualty Company

Home Office: 16 North Carroll Street, Suite 209 • Madison, Wisconsin 53703-2783

Property/Casualty Division: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258 1-800-423-7675 A STOCK COMPANY

PERSONAL EXCESS LIABILITY POLICY

Name and Mailing Address Item 2. Policy Period: (Mo./Day/Yr.) From: To: Term: Days: Prior Policy: 12:01 A.M., standard time at the address of the named insured as stated herein. G/A No.: Program No.: Item 3. The occupation of the insured is: Item 4. Location of Coverage - if different than mailing address above: Insurance is afforded for Personal Injury and Property Damage Liability subject to the limits of the Company's liability (as indicated in Item 5 of the Declarations) in excess of the underlying limit (as indicated in Item 6 of the Declarations) Item 5. Limits of Liability Personal Injury and Property Damage Liability Coverage \$,000 each occurrence It is agreed by the insured that insurance policies providing the following coverage are in force and will be maintained in force (whether collectible or not) for the underlying limits of liability stated hereafter, which in turn is excess over underlying limits of Comprehensive Personal Liability or Homeowner, Automobile Liability and Watercraft Liability. UNDERLYING PERSONAL UMBRELLA POLICY UNDERLYING LIMITS (a) \$,000 each occurrence	Part Two	. This Declarations page	with "Policy Provision	ons—Part One" com	pletes the	Policy.		
Name and Mailing Address tern 2. Policy Period: (Mo./Day/Yr.) From: To: Term: Days: Prior Policy: 12:01 A.M., standard time at the address of the named insured as stated herein. G/A No.: Program No.: 18em 3. The occupation of the insured is: 18em 4. Location of Coverage - if different than mailing address above: 18em 5. Limits of Lability Personal Injury and Property Damage Liability subject to the limits of the Company's liability (as indicated in Item 5 of the Declarations) in excess of the underlying limit (as indicated in Item 6 of the Declarations) 18em 5. Limits of Liability Personal Injury and Property Damage Liability Coverage \$,000 each occurrence 18em 6. Schedule of Underlying Insurance 18 Is septied by the insurance policies providing the following coverage are in force and will be maintained in force (whether collectible or not) for the underlying limits of liability stated herealter, which in turn is excess over underlying limits of Comprehensive Personal Liability or Homeowner, Automobile Liability and Watercraft Liability. 18 JUNDERLYING PERSONAL UMBRELLA POLICY 19 S ,000 each occurrence 20 S ,000 each occurrence 20 S ,000 each occurrence 21 S ,000 each occurrence 22 S ,000 each occurrence 23 S ,000 each occurrence 24 S ,000 each occurrence 25 S ,000 each occurrence	DECLAR	ATIONS				Policy No.	EXO	
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Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document-

Cover Letter

Approved 08-13-2007

Property & Casualty

Comments:

Attachment:

PU AR3813ncfpctd.pdf

Review Status:

Approved 08-13-2007

Comments:

Satisfied -Name:

Attachment:

PU AR3813ncfcvrltr.pdf

Review Status:

Satisfied -Name: Arkansas Certificate of Compliance Approved 08-13-2007

Comments: Attachment:

PU AR3813ncfcertofcomp.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

1.	1. Reserved for Insurance Dept. Use Only		2. Insurance Department Use only							
- •	Reserved for insurance Dept. ose only		a. Date the filing is received:							
				b. Analyst:						
				c. Disposition:						
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	Name and address Kristin Abbott	Title Filings		Telephone 800 423-76	#s	İ	FAX # 368-5820	abb	e-mail oottk@scottsdaleir	ns
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Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	PU AR03813NCF01

21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

National Casualty Company is submitting one revised form for use with our Personal Umbrella/Excess Liability Program.

Please find enclosed revised Personal Excess Liability Policy DEC 007 (4-01). The policy has been revised to add the General Agent's number to the form.

22. Filing Fees (Filer must provide check # and fee amount if applicable)

[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

^{***}Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)
PC TD-1 pg 2 of 2

NATIONAL CASUALTY COMPANY

8877 North Gainey Center Drive Scottsdale, Arizona 85258

Reply to: Telephone

Post Office Box 4110 Scottsdale, AZ 85261-4110 800 423-7675 x3140

August 6, 2007

The Honorable Julia Benafield Bowman Commissioner Arkansas Department of Insurance 1200 W. Third Street Little Rock AR 77201-1904

Re: National Casualty Company

NAIC # 140-11991 FEIN No.: 38-0865250

Personal Umbrella/Excess Program - Form Filing Company File Number: PU AR03813NCF01

Dear Commissioner Bowman:

National Casualty Company is submitting one revised form for use with our Personal Umbrella/Excess Liability Program. We request an effective date concurrent with your Department's approval.

Please find enclosed revised Personal Excess Liability Policy DEC 007 (4-01). The policy has been revised to add the General Agent's number to the form.

We hope you will be in a position to grant favorable consideration to this filing submission, however, should you need further information, please feel free to contact me on the toll free number or e-mail address listed below.

Sincerely,

Kristin Abbott State Filing Analyst

abbottk@scottsdaleins.com

(800) 423-7675 x3140

Encl.

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



ARK	I, <u>Gary Tiepelman</u> , Senior Vice President – Underwriting	of
	(Name)	(Title of Authorized Officer)
	National Casualty Company (Name of Insurer)	

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

- 1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:
 - a. Arkansas Code Annotated;
 - b. Arkansas Rules and Regulations;
 - Arkansas Insurance Bulletins, Directives and Orders;
 - Applicable filing requirements including the applicable product standards set forth in the product checklists; and
 - e. Rulings and decisions of any court of this state.
- 2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate

corrective action shall be taken by the commissioner against the company.

- 3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.
- 4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? (Yes or No) ▶ Yes	
If "NO", to which companies does this Certification apply?	NAIC #
Company Name(s)	NAIC#
Company Tracking Number ► PU AR03813NCF01	
Signature of Authorized Officer ► Hary &. Topulma	シ
Name of Authorized Officer ► Gary Tiepelman	
Title of Authorized Officer ► Senior Vice President – Underwriting	
Email address of Authorized Officer ► TIEPELG@scottsdaleins.com	
Telephone # of Authorized Officer ► 800 423-7675 x2050 Date ► A	August 6, 2007

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us AID PC SelfCert (4/30/03)